

TRANSCRIPT: Snohomish County's Response to COVID-19, August 25, 2020, Briefing

Dave Somers: Thank you and good morning. Thanks for being here with us. So in these times of COVID, it's easy to forget or direct your attention elsewhere away from the terrible other epidemic we've had in our community for many years now and that is drug addiction and overdose deaths. As it was already mentioned, we gather every year to really raise awareness and listen to stories of those who have suffered and who we've lost and this year that day is on August 31, that's Overdose Awareness Day. And we'll hear a bit more about that in a few minutes. But substance use disorder is really a disease that continues to deeply affect our community, our state, our country. And it has terrible impacts on all of us. I've had members of my own family suffer from this terrible disease. I've seen it firsthand and the damage it can do and I've also seen the stigma associated with it and how that really hampers our ability to help those who really need the help.

So I really believe working together we can end the stigma of addiction. We can do this by actively supporting individuals and families who are in the midst of addiction and helping those that are in treatment and will accept services and who are in recovery, and recovery is a long hard road and people going through that really need all our support. We also know that addiction thrives in people that are isolated and separated from others. That's one driving factor and we're seeing a real increase in cases throughout the community also during this time of COVID. In 2019, we lost 153 people in Snohomish County to an overdose and in the first quarter of this year we've already lost 39 community members, so we're on track to have more overdose deaths if that number holds throughout the year. We know that there's a lot of work we still need to do. There is a hope. And we're really committed to Snohomish County being a resource and we are going to continue and expand as we can our efforts through the law enforcement embedded social worker teams, the Carnegie resource center at the old Carnegie library, and the diversion center. And we also will work to strengthen our partnerships with community based organizations and providers. This has got to be a team effort with county government, our service providers, our families and community working together on this issue. And also want to thank first responders in Snohomish County. Last year they saved 642 lives through the use of naloxone, an amazing success story and a ray of hope. And this year they've already saved 413 lives through the month of June. That's a high number and if that number holds again we're going to see an increase this year over last year. So whether you're experiencing a family member or friend with active addiction, you might be in recovery or know somebody in recovery, or really around somebody who needs help, please know that we are allies in this struggle. We are going to continue to work to end the stigma. Anybody in any family anywhere can succumb to this disease, and it's not anything to be ashamed of or sorry for. It's a terrible disease. These drugs are highly addictive and people who enter into drug use for one reason or another, it may be pain relief that happened in my family, somebody with a bad back really got addicted, it's a long hard struggle. There's nothing to be ashamed of and we really need to work to end the stigma associated with drug use. So with that I'll turn it over to Dr. Spitters for some comments.

Chris Spitters: Thank you Executive Somers and good morning everyone. First I want to just make a couple of quick comments about COVID-19. Yesterday afternoon we released our new snapshot and detailed weekly report through August 15, as well as new case counts and our updated 2-week case rate. We're now continuing to see decreases in overall transmission, now down to 60 cases per 100,000 per two weeks for the last 2-week period. You'll recall that the

last week we reported that that had come down from the high 90s down to 75 and now down to 60. So we've got now two to three weeks of sustained improvements and that's encouraging news. We certainly want it to continue. And that largely means not letting up on all the good efforts of late happening out there in the community by you people doing the usual, wearing face coverings in public, trying to maintain distance in public spaces from people who aren't in your household, and limited your gatherings to five people or less, ideally the same five people over time, sort of have your friend cohort and try not to expand on that.

I also want to reiterate a comment from last week about schools as we see the rate falling below 75 per 100,000. You'll recall that that 75 per 100,000 threshold is at the very top of the medium risk category laid out in the Safe Start framework for schools. While we're trending in the right direction, 60 is still a high transmission rate, and there's quite a ways to go before we get down to 25, which is the threshold for entering into a low transmission category. A lot of planning and preparation is being done by the schools, and they continue to work to strike the delicate balance to optimize health and learning opportunities for students while also trying to be safe and flexible for families and the entire school community. Please continue to follow your local schools for updates on fall learning plans and schedules.

Now I'd like to turn attention back to the opioid issue brought up by doctor, or brought up by executive Somers and talk to you about some new data portals that the Health District has been working on setting up. Even with an all-hands response to the COVID pandemic occurring, Snohomish County and the Snohomish Health District, along with other partners in the community continue to move forward with work focused on opioid use prevention, treatment and recovery. While this work has taken longer than we originally anticipated, we are excited to unveil new hubs for opioid data in Snohomish County. We will be sharing [links](#) to those [hubs](#) in the chat box, as well as a [more detailed press release](#) will be going out in a few minutes containing this information.

But I'd like right now to share my screen to just give a quick overview of the look of the dashboard. So if you'll be patient with me for minute I'll try to pull that up. And you should now be seeing a kind of a brown and white screen with Snohomish Overdose Prevention is the homepage and we're here on the data page. And this portal was developed in partnership with LiveStories and it will continue to be an evolving dashboard with data inputs being shared by multiple partners involved in the Multi-Agency Coordination or MAC Group working here in Snohomish County on opioid prevention or opioid overdose prevention.

On the screen you'll see four major categories. Overdoses and deaths, community impacts, treatment and recovery, and usage and prescribing. Each one of these tiles is clickable and will bring you up data on the background of that panel. So as an example let's take a look at opioid related visits to our two large Snohomish County emergency departments over the past several years and I'll just highlight some things you can do. One, you can hover over the line to get exact data points and then if we back up for just a minute and look at this slide over time I think we see a couple of things. First is back in the second half, beginning in the second quarter of 2018 on through the first quarter of 2019 we saw a dramatic increase, almost a doubling from 67 to 120 ED visits for overdose. Then it's been up and down in the year since then but again we're in the past quarter we're seeing a trend upwards and we don't know where this will go yet but we will continue to monitor that.

I want to mention that thanks to the overdose data and action grant from the department of health and the centers for disease control and prevention, the health district is able to partner with Providence and Swedish to collect the data and also to follow up on overdose visit patients presenting to their emergency departments.

So now I want to give you one other look and we'll see an even more marked trend when we look at overdose deaths in the past year, even less, in Snohomish County. So we were down here about a year ago with a total all drug overdose deaths at 29, opioid at 18. And just a stunning increase through the first quarter through the second quarter of 2020, the vast majority of that being due to opioids, 52 of the 64 overdose related deaths. When we look at each drug type we can see that synthetic opioids are taking an increasing role over time. That's this teal colored bar. And for 2020, this data is we're halfway through the year and we've already eclipsed the number of synthetic opioid deaths that were witnessed in 2019. And when I say synthetic opioids that's usually fentanyl and its related compounds. So this most recent data is still very preliminary but we're starting to see increases sustained over time particularly due to fentanyl and related drugs and we've been hearing anecdotal reports of these increases in recent months as we deal with the COVID crisis and some of the factors that predispose people to even be more likely to get involved with these drugs or overdose on them are occurring in the context of our COVID interventions. And these data now provide some factual basis to underlie those reports.

So I'm going to stop sharing my screen and come back to you all. So clearly COVID has changed so many things in our community, including the ability of those struggling with substance use disorders to seek health services and access to treatment. There have been some changes made at the state and federal level to help streamline processes and make it easier for people to connect with telehealth and get medication assisted treatment programs going. Medication assisted treatment is a pallet of options for opioid replacement using drugs that block cravings, withdrawal symptoms, and drug-seeking behavior without creating the high that leads people to seek out those drugs. Examples include buprenorphine with or without naloxone commonly known as suboxone, but also there's naltrexone and methadone are also alternatives for some patients.

But we also know there is more to do and that's why we're grateful for the ongoing partnerships with the county's MAC Group, plus the resources from the state department of health, the centers for disease control and prevention, and the federal health resources and services administration and Americorps VISTA, all of whom are providing resources to us locally to continue this work. This morning's press release will also share more about a recent \$1 million grant we received from HRSA to implement prevention, treatment and recovery plans in Darrington and parts of Sky Valley. But we are also incredibly fortunate to have so many community members championing efforts to connect people to resources and reduce the stigma around substance abuse disorder, excuse me, around substance use disorder.

I will now turn it over now to Debbie Warfield to share more about their 4th annual event for International Overdose Awareness Day.

Debbie Warfield: Good morning. Thank you Dr. Spitters. My name is Debbie Warfield and just want to share a little about the international overdose awareness day, which is recognized on August 31. It's a global event and it's a time to bring awareness to overdose and reduce the stigma around drug-related deaths and the disease of addiction. It also acknowledges grief felt

by families and friends and offers us a chance to remember those who have died or suffered permanent injury. And like most of you I didn't realize that this day even existed until we lost our son Spencer to an overdose in 2012. And looking at Dr. Spitters' chart, when I see 2012, it still amazes me that Spencer is one of those deaths in Snohomish County. We didn't share his passing until about, let me resay that again, we didn't share how he passed until about four years later when addiction and overdose were getting a lot of coverage in the news and the increase of opioids and heroin in Snohomish County. And most of it was surrounding the homeless community and I just wanted to make sure that people realized, as executive Somers mentioned, that this can happen to any family in any neighborhood and none of us are immune to the disease or the drugs that are out there. So a few years after Spencer's death I met another mother, Cathi Lee, who happened to live in the same neighborhood as I did. I didn't know her at the time but knew that her son had also passed from an overdose. So we began talking and from that what we call A Night to Remember, A Time to Act started. So this is our fourth annual year. And each year we have tried to increase that participation and the resources available. Cathi and I found that we had a lot of the same struggles with our sons and a very hard time finding resources, getting the correct medical attention, and so we just thought, you know, we've got to do something. So we decided to come up with this event that goes along with the International Overdose Awareness Day to get the resources out there and just to let the people know that there are many, as you can see, other parents, children, aunts, uncles, brothers, sisters that all have been affected by this so that they're not alone. And we hope that talking publicly about our experience that this will empower others to come forward and fight for their loved ones because it really is a battle. It can go on for years and it can be very lonely, shameful and with the stigma around it it's just a very difficult disease to fight. So Spencer and Corey were loved by their families, friends. They were both graduates of Everett High, athletes, and college students. They should not have died this way. And we just feel we have to continue to push for science-based treatments and studies of the brain to fully understand addiction.

And as was talked about with COVID-19, it's been very difficult for a lot of people to keep their sobriety during this time just because of the isolation and the reduced access to harm reduction and treatment support. Loneliness and isolation, mental health, depression is all a big part of addiction, and so during this very scary time it's definitely had a large impact. So we invite the community to join us at our virtual event this Monday August 31 at 6 o'clock. The Zoom link will be provided on our Facebook page at A Night to Remember, A Time to Act and the Snohomish Overdose Prevention Page. Our agenda will include two of the gentlemen who are speaking today, Executive Dave Somers and Dr. Spitters, and we will be talking about hope for sobriety and the need for connection to people, resources and support, ways to get involved in the recovery movement, and a candlelight vigil for those who have passed and those still struggling. So I'd really like to thank the Snohomish Overdose Prevention for partnering with us these last four years, and to Snohomish County and Hope Soldiers. So we really hope that you can attend our event and walk away with a renewed spirit about addiction and the hope that we can and will have ways for recovery. So thank you for having me.

Dave Somers: Thank you Debbie. I'm so sorry for your loss also. I look forward to being with you again on Monday. We've got a couple questions for Dr. Spitters so far. Dr. Spitters, is there a per 100,000 number that you'd feel comfortable with in allowing or recommending some sort of return to classroom teaching since 60 is not yet low enough?

Chris Spitters: Well, you know, lower is better. There's no magic number. That mid-range that we're now hovering in, or descending through hopefully, of 25 at the low end and 75 at the high end is where you start, school administrators and superintendents can start think about layering, where would we layer in the children most likely to benefit from being on site. And that typically are children with special need as well as the younger children for whom remote learning is a little less feasible. And then as rates continue to come down you can look at putting more and more layers kind of going up the age bracket in. But it's all relative. You know, I think it's relatively safer to look at doing that when we're on the decline rather than going up and so we're in that zone where they can start thinking about that. We're there to counsel and advise regarding health impacts. In the end it's going to be the schools that know best how to educate the kids and have to execute the logistics for that. We're certainly there with them and I think one thing for us all to keep in mind is to be patient with them because even though the disease rates are changing they've already committed to a plan for September. It's very hard to switch that all around quickly so we may see school learning plans move a little bit more slowly on the decline in getting kids back into school than we otherwise might expect just because the planning and execution of those plans is not something you can just turn on a dime.

Dave Somers: And just let me add from observations that those places around the country that have tried to open up schooling, many of them have had to quickly shut down and that's extremely disruptive. We've tried to tell our employees in Snohomish County what the situation is going to be in the fall for telecommuting and I think for families with school-age children, too, some sort of stability and planning is important. Schools seem to be extremely difficult environments to control the virus for obvious reasons, a lot of kids together with teachers and others. So I think it's going to be a slow-go on school reopening, but as Dr. Spitters said I think those students who most need to be in a school setting with teachers and other people is the top priority.

So Dr. Spitters, can you give us a quick rundown of where you continue to see virus activity by different age groups.

Chris Spitters: By all means. I was lucky enough to see that in the chat box before we started answering so I thought I'd just, a picture's worth a thousand words so if I may just show you this, it's a little bit at first look a little bit spaghetti, but if we focus in each one of these lines is the incidence over time in a particular age group. And so here we are at this point now. We peaked in all age groups at some point in mid to late July and things are coming down in all age group. The highest incidence remains in individuals 20-29. Here's 30-39 in blue, yellow is 40-49. The green and the lighter blue are 50-59 and then children and adolescents, and then folks in their 60s, 70s and 80s. So it's still young adults that are really leading the charge on the cases. The good news is it's coming down in all age groups including the elderly for whom we had great concern that if there was a spread from the younger age groups into the older age groups and people with medical problems that make hospitalization and severe illness more likely we might see an increase in hospitalization. So it's a great relief to see those rates coming down in the older groups as well.

Dave Somers: Another one for Dr. Spitters. With COVID can you talk about where we are with testing and can people expect expanded criteria to get tested anytime soon? It seems like contact tracing is improving. Can you explain that? And then a follow-up question on opioids are you seeing any areas of the county hit harder or is it spread out across the county?

Chris Spitters: So first, testing. Overall countywide there's somewhere between 4,000 and 4,500 tests being done per week over the past month. The testing of course is prioritized for individuals who have symptoms of COVID, close contacts, people who live or work in settings where an outbreak has occurred, and people in high-risk medical or racial and ethnic groups that are disproportionately showing up in hospitals because of their susceptibility. That being said, there's some room in the system for lower risk individuals to get tested if they don't have symptoms but it's an ever changing situation so we don't really want to go overboard on broad testing of low-risk people who have no symptoms. That's still a bit beyond our reach and we're focusing on those groups I mentioned. Contact tracing, we've got our staff of 50 or so folks and their seven supervisors well set up. They've been at it for over a month. We're getting to 70% of people in 24 hours, 80% within 48, and we're getting about 80-85% of the contacts identified from the cases quarantined or confirming that they're quarantined within 48 hours. So I think in addition to the community's efforts to wear face coverings, limit gatherings, stay away from other folks, that is starting to have an impact on bending that curve, as well.

And then last on the opioid question and geographic spread, looking at GIS mapping for naloxone usage and death data by ZIP code is a process that's underway. We don't have anything on that right now. Historically there hasn't been a lot of geographic concentration. It's been pretty much proportional to population. But as we generate that, that will be added to the dashboard or some equivalent thereof and we will be sure to share that with you.

Dave Somers: Thank you. Just two more questions. So if we do start to open schools and start seeing virus activity rising as a result, are we prepared to shut back down quickly and will we?

Chris Spitters: You know, I often say, you know, recycling bins are filled with predictions of the future. I'm not trying to hedge on anything but, you know, let's take as an example let's look at our movement into Phase 2 where we opened up and there was a resurgence of disease, and there was some pulling back in some areas but not a full-fledged retreat back to Phase 1 or Phase 0. If we see a resurgence of COVID in the wake of more in-person learning in schools, I imagine there would be some response to that. And whether that would be pulling out the most recently put in kids, possibly closing classrooms or schools where the problem is more focused might be more likely than broad, sweeping community-wide impacts. So it would depend on how widespread the problem is and what it's leading to. Is it leading to hospitalizations and deaths? Or are we just having a lot of cases in kids in schools and no more severe consequences? Those are some of the factors that would fit in. So some response, I'm certain the magnitude in nature of it would be driven by the magnitude in nature of the problem.

Dave Somers: And just to add to that is a reminder that there's multiple levels of organizations or governments involved in these decisions, so the state has prepared guidance obviously to schools, health officer Dr. Spitters have provided guidance and recommendations. The final decisions really so far have been made by school districts which are independent bodies and I would imagine as Dr. Spitters mentioned that if there were some openings and we saw a resurgence in cases it would be very much taken again on a school district by school district basis and those decisions could be made at that level. If it got really bad it could be made at a broader level, but it's really impossible to predict that and we've all been working together to make the best decisions possible.

So final question is with things starting to improve, can you discuss what your expectations are for this virus this fall, winter with the flu season?

Chris Spitters: Certainly. If we, an optimistic outlook would be that all this social distancing and face coverings that we're doing might make it difficult for influenza to establish transmission and conceivably it could be a light influenza year because of that. So I think one message is, one of our key flu prevention messages is let's keep doing what we're doing for COVID-19 and get our flu shots. Influenza vaccine is arriving in clinics and pharmacies now. It's generally a good idea to get vaccinated ideally in September and not later than early October, but aim for September. It's never too early, really, so go ahead and do that because what we don't want is to end up filling up hospitals with both flu patients and COVID patients and running out of room, running out of supplies. So the things that are in our control again are getting vaccinated against the flu, all of us, but especially those who are at high risk from COVID complications. And then try to maintain our social distancing and face coverings.

Dave Somers: Great. I think that wraps us up. Thank you so much.

Joint Information Center: Thank you everyone. This is Kari in the Joint Information Center. We appreciate your questions and appreciate you joining us today. Please do stay tuned for future media availabilities. Thanks.